Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023448
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6597

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 23 ST JOHN'S HOSPITAL Length of stay in 1b 14 WEEKS 2/37

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN ST LOUIS, Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 5809 FYLER AVE Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MAMIE Middle Last KELAHAN

4. DATE OF DEATH Month Day Year JUNE 30, 1958

5. SEX FEMALE 1

6. COLOR OR RACE WHITE

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]

8. DATE OF BIRTH AUG, 1, 1874

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MGR.

10b. KIND OF BUSINESS OR INDUSTRY ROBBINS JEWELERY CO.

11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN KELAHAN

13b. MOTHER'S MAIDEN NAME ELLEN BANYARD

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address MARGARET KELAHAN 5809 FYLER AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Liver metastases — INTERVAL BETWEEN ONSET AND DEATH 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma left breast — 5 yrs
DUE TO (c) 170x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 15-1953, to June 30-58 and last saw her/him alive on June 30-58
Death occurred at 11 30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. H. Bowden MD

22b. ADDRESS 6347 Grand

22c. DATE SIGNED 7-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 7/3/58

23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI

24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG. JUL 1 '58

26. REGISTRAR'S SIGNATURE J Carl Smith MD MSB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

Dr Bowlin
In 1 2 2 7 5
Mo Theatre Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.